

2683

## BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Pima State Arizona Local Registrar's No. 507  
 District or Township Tucson or Village \_\_\_\_\_  
 City Tucson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME W. E. Lindsay  
 (a) Residence, No. Blaw 324 5th Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. ☒ mos. ☒ ds. How long in U. S. if of foreign birth? ☒ yrs. ☒ mos. ☒ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Divorced  
 (Write the word)

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of unknown

6. DATE OF BIRTH (month, day and year) unknown  
 7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work R. R. Brakeman  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

11. BIRTHPLACE OF FATHER \_\_\_\_\_  
 (State or country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER \_\_\_\_\_  
 (State or country) \_\_\_\_\_

14. Informant Andy Hooks  
 (Address) Tucson, Arizona

15. FEB 21 1929 Alan Lindsay  
 Filed Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 19 1929  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

17. HEREBY CERTIFY, That I attended deceased from 2/18 1929 to 2/19 1929  
 that I last saw him alive on 2/18/29 1929

and that death occurred, on the date stated above, at 1 pm  
 The CAUSE OF DEATH was as follows:  
Tuberculosis, One Chronic,  
Far advanced, bilateral,

Unknown  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted Unknown  
 If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? Physical findings

What test confirmed diagnosis? Physical findings  
 (Signed) W. H. Lawrence M. D.

FEB 20 1929 19 (Address) Tucson, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Evergreen Cemetery

20. UNDERTAKER

Reilly Undertaking Co.

DATE OF BURIAL

FEB 21 1929

ADDRESS

Tucson, Arizona

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.